

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2199

1. PLACE OF DEATH

County Lewis  
Township Union  
City Maywood (No. ....)

Registration District No. 480  
Primary Registration District No. 5645

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
(OR) WIFE OF HUSBAND OF  
Monroe Barr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 — 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97  
10. Date deceased last worked at this occupation (month and year) 10/2  
11. Total time (years) spent in this occupation 102

12. BIRTHPLACE (CITY OR TOWN) Maywood, Mo.  
(STATE OR COUNTRY)

13. NAME William Hill

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

15. MAIDEN NAME Hopkins

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Emma Barr  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maywood DATE Jan 16 1933

19. UNDERTAKER Chambers Undertaking  
(ADDRESS) Maywood Mo.

20. FILED Jan 26 1933 M. L. Eller  
Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1932, to Jan 24 1933  
I last saw him alive on Jan 24 1933. Death is said to have occurred on the date stated above, at 1:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
My per termin  
Cardiac Failure  
Date of onset

Other contributory causes of importance: Arthritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? terminal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Dr. E. E. Barr M. D.  
(Address) 204 George St.

